

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | | | |
|--|--|--|---|
| For Official Use Only E | 1. FILE NUMBER 035 - 399 | 2. PERIOD COVERED MO DAY YEAR From 01 01 2003 Through 12 31 2003 | 3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/> |
| | 8. MAILING ADDRESS First Name JOHN Last Name FITZGERALD P.O. Box • Building and Room Number (if any) Number and Street 600 WASHINGTON BLVD City CHICAGO State IL ZIP Code + 4 60661 - | | |
| 4. AFFILIATION OR ORGANIZATION NAME ELECTRICAL WORKERS IBEW AFL-CIO | | | |
| 5. DESIGNATION (Local, Lodge, etc.) LU | | 6. DESIGNATION NUMBER 134 | |
| 7. UNIT NAME (if any) | | | |
| 9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.) | | | |
| 75. ADDITIONAL INFORMATION Item Number | | | |
| Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.) | | | |
| 76. SIGNED: Michael Fitzgerald 3/29/04 Date | | BUS MGR/FINL SECY 77. SIGNED: Paul E. Buettner 3/27/04 Date (If other title, see instructions.) | |
| Telephone Number | | PRESIDENT (If other title, see instructions.) Telephone Number | |

During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? Yes ☐ No ☒
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ☒ ☐
12. Have a political action committee (PAC) fund? ☒ ☐
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ☒ ☐
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ☒ ☐
15. Discover any loss or shortage of funds or other property? ☐ ☒
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ☐ ☒
17. Liquidate or reduce any liabilities without disbursement of cash? ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1 7 1 8 4
19. What is the date of your organization's next regular election of officers? MO 0 6 YEAR 2 0 0 4
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0
21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

| Rates of Dues and Fees | |
|------------------------|--|
| (a) Regular Dues/Fees | \$ 8.05 - 50.48 per Month (Month, Year, etc.) |
| (b) Initiation Fees | \$ 5.00 - 350.00 |
| (c) Transfer Fees | \$ 2.00 - 350.00 |
| (d) Work Permits | \$ 2.00 - 50.48 per Month (Month, Year, etc.) |

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes ☐ No ☒
(If the constitution and bylaws or practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☐ ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER: 0 3 5 - 3 9 9

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

| | ASSETS | | From SCH # | Start of Reporting Period (A) | End of Reporting Period (B) |
|---|-----------------------------------|--|------------------|-------------------------------------|-----------------------------------|
| | Item | | | | |
| ASSETS | 25. Cash..... | | 1 | 2 4 9 3 7 2 7 | 1 3 9 1 3 5 8 |
| | 26. Accounts Receivable..... | | | 1 6 3 1 3 3 | 1 6 9 1 7 2 |
| | 27. Loans Receivable..... | | | 1 1 2 3 8 | 3 5 2 0 |
| | 28. U.S. Treasury Securities..... | | | 4 2 4 4 5 7 | 1 1 6 4 9 7 |
| | 29. Investments..... | | 2 | 7 4 4 9 5 7 3 | 7 9 9 1 4 2 5 |
| | 30. Fixed Assets..... | | 5 | 1 9 3 0 3 2 4 | 1 7 8 4 4 1 1 |
| | 31. Other Assets..... | | 3 | 3 9 4 8 9 7 | 1 0 3 1 6 9 0 |
| | 32. TOTAL ASSETS..... | | | 1 2 8 6 7 3 4 9 | 1 2 4 8 8 0 7 3 |
| LIABILITIES | LIABILITIES | | From SCH # | Start of Reporting Period (C) | End of Reporting Period (D) |
| | Item | | | | |
| | 33. Accounts Payable..... | | 8 | 2 5 8 3 2 5 | 2 6 2 8 8 3 |
| | 34. Loans Payable..... | | | 0 | 0 |
| | 35. Mortgages Payable..... | | | 0 | 0 |
| | 36. Other Liabilities..... | | 4 | 2 6 2 3 9 5 9 | 2 5 5 0 0 3 5 |
| 37. TOTAL LIABILITIES..... | | | 2 8 8 2 2 8 4 | 2 8 1 2 9 1 8 | |
| 38. NET ASSETS (Item 32 less Item 37)..... | | | 9 9 8 5 0 6 5 | 9 6 7 5 1 5 5 | |

STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 035 - 399

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

| CASH RECEIPTS | From SCH # | AMOUNT | CASH DISBURSEMENTS | From SCH # | AMOUNT |
|--|------------|-----------------|---|------------|-----------------|
| Item | | | Item | | |
| 39. Dues..... | | 8 6 5 0 7 1 2 | 56. To Officers..... | 9 | 3 9 0 8 6 3 |
| 40. Per Capita Tax..... | | 0 | 57. To Employees..... | 10 | 2 7 7 1 1 1 6 |
| 41. Fees..... | | 1 0 4 3 0 5 | 58. Per Capita Tax..... | | 4 0 6 8 6 9 |
| 42. Fines..... | | 0 | 59. Fees, Fines, Assessments, etc. | | 0 |
| 43. Assessments..... | | 0 | 60. Office & Administrative Expense.... | 13 | 9 3 8 3 7 9 |
| 44. Work Permits..... | | 2 3 2 | 61. Educational & Publicity Expense... | | 2 2 9 8 6 6 |
| 45. Sale of Supplies..... | | 0 | 62. Professional Fees..... | | 1 0 2 3 1 1 5 |
| 46. Interest..... | | 4 1 3 1 3 3 | 63. Benefits..... | 11 | 1 7 4 3 5 4 9 |
| 47. Dividends..... | | 0 | 64. Contributions, Gifts & Grants..... | 12 | 1 6 0 7 8 3 |
| 48. Rents..... | | 1 3 6 9 0 | 65. Supplies for Resale..... | | 0 |
| 49. Sale of Investments & Fixed Assets..... | 6 | 2 1 7 0 0 0 0 | 66. Direct Taxes..... | | 3 8 8 5 3 6 |
| 50. Loans Obtained..... | 8 | 0 | 67. Withholding Taxes..... | | 1 0 8 4 6 5 6 |
| 51. Repayments of Loans Made..... | 1 | 7 7 9 9 | 68. Purchase of Investments & Fixed Assets..... | 7 | 2 8 7 7 3 2 7 |
| 52. On Behalf of Affiliates for Transmittal to Them..... | | 0 | 69. Loans Made..... | 1 | 8 1 |
| 53. From Members for Disbursement on Their Behalf.... | | 4 7 4 2 3 5 7 | 70. Repayment of Loans Obtained..... | 8 | 0 |
| 54. Other Receipts..... | 14 | 5 3 6 0 3 8 | 71. To Affiliates of Funds Collected on Their Behalf..... | | 0 |
| | | | 72. On Behalf of Individual Members... | | 4 7 8 9 4 4 3 |
| | | | 73. Other Disbursements..... | 15 | 9 3 6 0 5 2 |
| 55. TOTAL RECEIPTS..... | | 1 6 6 3 8 2 6 6 | 74. TOTAL DISBURSEMENTS | | 1 7 7 4 0 6 3 5 |

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1 – LOANS RECEIVABLE

| List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A) | Loans Outstanding at Start of Period (B) | Loans Made During Period (C) | Repayments Received During Period | | Loans Outstanding at End of Period (E) |
|--|---|---------------------------------|-----------------------------------|---------------------------|---|
| | | | Cash (D)(1) | Other Than Cash (D)(2) | |
| 1. Name: L. DVORAK Purpose: MEMBER LIFE INS PREM Security: LIFE INS BENE Terms: N/A | 3 9 3 5 | 0 | 3 9 3 5 | 0 | 0 |
| 2. Name: H. SCHAEFER Purpose: MEMBER LIFE INS PREM Security: LIFE INS BENE Terms: N/A | 3 4 6 9 | 5 1 | 0 | 0 | 3 5 2 0 |
| 3. Name: G. WALLACE Purpose: MEMBER LIFE INS PREM Security: LIFE INS BENE Terms: N/A | 3 8 3 4 | 3 0 | 3 8 6 4 | 0 | 0 |
| 4. Totals from additional pages (if any) | | | | | |
| 5. Totals of loans not listed above | 0 | 0 | 0 | 0 | 0 |
| 6. Totals of Lines 1 through 5 | 1 1 2 3 8 | 8 1 | 7 7 9 9 | 0 | 3 5 2 0 |
| The totals from Line 6 are entered in..... Item 27 Item 69 Item 51 Item 75 Item 27 Column (A) with Explanation Column (B) | | | | | |

SCHEDULE 2 - INVESTMENTS **(OTHER THAN U.S. TREASURY SECURITIES)**

FILE NUMBER: 0 3 5 - 3 9 9

| Description (A) | Amount (B) |
|---|---------------|
| Marketable Securities | |
| 1. Total Cost | 7 5 0 3 0 7 4 |
| 2. Total Book Value | 7 9 9 1 4 2 5 |
| 3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2. | |
| (a) AFL-CIO HOUSING INVESTMENT | 3 1 1 2 0 5 3 |
| (b) | |
| (c) | |
| (d) | |
| Other Investments | |
| 4. Total Cost | 0 |
| 5. Total Book Value | 0 |
| 6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached. | |
| (a) None | 0 |
| (b) | |
| (c) | |
| (d) | |
| (e) Total from additional pages (if any) | |
| 7. Total of Lines 2 and 5 | 7 9 9 1 4 2 5 |
| The total from Line 7 is entered in Item 29, Column (B) | |

SCHEDULE 3 - OTHER ASSETS

| Description (A) | Book Value (B) |
|---|-------------------|
| 1. PREPAID AFFILIATED P/C TAXES | 4 9 8 5 5 |
| 2. PREPAID PENSION COST | 8 7 2 6 4 2 |
| 3. PREPAID EXPENSES | 1 0 9 1 9 3 |
| 4. | |
| 5. | |
| 6. Total from additional pages (if any) | |
| 7. Total of Lines 1 through 6 | 1 0 3 1 6 9 0 |
| The total from Line 7 is entered in Item 31, Column (B) | |

SCHEDULE 4 - OTHER LIABILITIES

| Description (A) | Amount at End of Period (B) |
|---|-----------------------------------|
| 1. DUES COLLECTED IN ADVANCE | 1 3 5 3 9 7 2 |
| 2. GROUP INSURANCE PAYABLE | 5 4 4 4 8 4 |
| 3. PER CAPITA TAXES PAYABLE | 6 3 3 3 7 8 |
| 4. UNREMITTED PAC CONTRIBUTIONS | 1 7 4 4 5 |
| 5. PAYROLL W/H NOT REMITTED | 7 5 6 |
| 6. Total from additional pages (if any) | |
| 7. Total of Lines 1 through 6 | 2 5 5 0 0 3 5 |
| The total from Line 7 is entered in Item 36, Column (D) | |

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 3 5 - 3 9 9

| Description (A) | Cost or Other Basis (B) | Total Depreciation or Amount Expensed (C) | Book Value (D) | Fair Market Value (E) |
|--|-------------------------------|---|----------------------|-----------------------------|
| 1. Land (give location): 566 WEST WASHINGTON ST. CHICAGO | 3 8 9 3 8 | | 3 8 9 3 8 | 3 8 9 3 8 |
| 2. Totals from additional pages (if any) | 2 2 9 4 3 | | 2 2 9 4 3 | 2 2 9 4 3 |
| 3. Buildings (give location): 566 WEST WASHINGTON CHICAGO IL | 4 7 4 3 2 | 4 0 5 3 0 | 6 9 0 2 | 6 9 0 2 |
| 4. Totals from additional pages (if any) | 3 9 3 9 4 7 9 | 3 3 9 2 1 3 6 | 5 4 7 3 4 3 | 5 4 7 3 4 3 |
| 5. Automobiles and Other Vehicles | 8 6 3 1 0 3 | 3 2 4 8 3 2 | 5 3 8 2 7 1 | 5 3 8 2 7 1 |
| 6. Office Furniture and Equipment | 1 3 5 4 7 0 2 | 1 0 0 7 0 2 8 | 3 4 7 6 7 4 | 3 4 7 6 7 4 |
| 7. Other Fixed Assets | 3 3 7 7 8 9 | 5 5 4 4 9 | 2 8 2 3 4 0 | 2 8 2 3 4 0 |
| 8. Totals of Lines 1 through 7 | 6 6 0 4 3 8 6 | 4 8 1 9 9 7 5 | 1 7 8 4 4 1 1 | 1 7 8 4 4 1 1 |
| The total from Line 8, Column (D) is entered in..... Item 30, Column (B) | | | | |

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

| Description (if land or buildings, give location) (A) | Cost (B) | Book Value (C) | Gross Sales Price (D) | Amount Received (E) |
|--|-----------------------|-------------------|--------------------------|------------------------|
| 1. US TREASURY SECURITIES | 2 9 2 4 5 3 | 3 0 0 7 8 2 | 3 0 0 0 0 0 | 3 0 0 0 0 0 |
| 2. OTHER INVESTMENTS | 1 8 6 8 8 5 0 | 1 8 7 3 3 0 7 | 1 8 7 0 0 0 0 | 1 8 7 0 0 0 0 |
| 3. | | | | |
| 4. | | | | |
| 5. Totals from additional pages (if any) | | | | |
| 6. Totals of Lines 1 through 5 | 2 1 6 1 3 0 3 | 2 1 7 4 0 8 9 | 2 1 7 0 0 0 0 | 2 1 7 0 0 0 0 |
| | 7. Less Reinvestments | | | 0 |
| | 8. Net Sales | | | 2 1 7 0 0 0 0 |
| The total from Line 8 is entered in Item 49 | | | | |

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 3 5 - 3 9 9

| Description (if land or buildings, give location) (A) | Cost (B) | Book Value (C) | Cash Paid (D) |
|--|---------------|-----------------------|------------------|
| 1. BUILDING IMPROVEMENTS | 4 2 0 0 8 | 4 2 0 0 8 | 4 2 0 0 8 |
| 2. AUTOS (6) | 2 3 0 1 4 6 | 2 3 0 1 4 6 | 1 7 1 2 6 8 |
| 3. OFFICE EQUIPMENT | 9 3 1 6 6 | 9 3 1 6 6 | 9 3 1 6 6 |
| 4. OTHER INVESTMENTS | 2 5 6 7 5 9 9 | 2 5 6 7 5 9 9 | 2 5 6 7 5 9 9 |
| 5. Totals from additional pages (if any) | 3 2 8 6 | 3 2 8 6 | 3 2 8 6 |
| 6. Totals of Lines 1 through 5 | 2 9 3 6 2 0 5 | 2 9 3 6 2 0 5 | 2 8 7 7 3 2 7 |
| | | 7. Less Reinvestments | 0 |
| | | 8. Net Purchases | 2 8 7 7 3 2 7 |

The total from Line 8 is entered in Item 68

SCHEDULE 8 -- LOANS PAYABLE

| Source of Loans Payable at Any Time During the Reporting Period (A) | Loans Owed at Start of Period (B) | Loans Obtained During Period (C) | Repayment Made During Period | | Loans Owed at End of Period (E) |
|---|---|--|------------------------------|---------------------------|---------------------------------------|
| | | | Cash (D)(1) | Other Than Cash (D)(2) | |
| 1. None | 0 | 0 | 0 | 0 | 0 |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. Totals from additional pages (if any) | | | | | |
| 6. Totals of Lines 1 through 5 | 0 | 0 | 0 | 0 | 0 |

The total from Line 6 is entered in Item 34 Item 50 Item 70 Item 75 Item 34
Column (C) with Explanation Column (D)

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 3 5 - 3 9 9

| (A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements.)</small> | | Gross Salary (before taxes and other deductions) (D) | Allowances (E) | Disbursements for Official Business (F) | Other Disbursements (G) | Total (H) |
|--|----------------|---|-------------------|--|-------------------------------|--------------|
| (B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small> | Status (C)* | | | | | |
| 1. BUETTNER EDWARD PRESIDENT | C | 4 3 2 0 1 | 1 4 2 5 | 2 2 6 2 | 0 | 4 6 8 8 8 |
| 2. FITZGERALD JOHN M. BUS MGR/FIN SEC | C | 1 3 9 0 4 8 | 3 9 0 0 | 2 6 2 0 | 0 | 1 4 5 5 6 8 |
| 3. FOLEY TIMOTHY VICE PRESIDENT | C | 1 1 8 1 5 7 | 3 9 0 0 | 5 6 6 3 | 0 | 1 2 7 7 2 0 |
| 4. NIEDERKORN GARY TREASURER | C | 9 5 1 7 6 | 3 9 0 0 | 2 0 0 6 | 0 | 1 0 1 0 8 2 |
| 5. RIOUX RICHARD RECORDING SEC | C | 9 5 1 7 6 | 3 9 0 0 | 1 7 6 9 | 0 | 1 0 0 8 4 5 |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. Totals from additional pages (if any) | | | | | | |
| 9. Totals of Lines 1 through 8 | | 4 9 0 7 5 8 | 1 7 0 2 5 | 1 4 3 2 0 | 0 | 5 2 2 1 0 3 |
| | | | | 10. Less Deductions | 1 3 1 2 4 0 | |
| The total from Line 11 is entered in Item 56 | | | | 11. Net Disbursements | 3 9 0 8 6 3 | |

*Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75.)

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 035 - 399

| (A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small> | Gross Salary (before taxes and other deductions) (D) | Allowances (E) | Disbursements for Official Business (F) | Other Disbursements (G) | Total (H) |
|--|--|-------------------|--|-------------------------------|---------------|
| (B) Position <small>(Enter employee's job title.)</small> | | | | | |
| (C) Name of Affiliated Organization <small>(if applicable)</small> | | | | | |
| ALLEN 1. BUS. AGENT TERRY NA | 9 5 1 7 6 | 3 9 0 0 | 2 8 9 0 | 0 | 1 0 1 9 6 6 |
| ANDERSON 2. BUS. AGENT KENNETH NA | 9 5 1 7 6 | 3 9 0 0 | 3 9 7 0 | 0 | 1 0 3 0 4 6 |
| BENDA 3. OFFICE COLLEEN NA | 5 1 9 3 9 | 0 | 0 | 0 | 5 1 9 3 9 |
| BROOKS 4. OFFICE ELIZABETH NA | 4 7 7 3 7 | 0 | 0 | 0 | 4 7 7 3 7 |
| DALEY 5. OFFICE KAREN NA | 4 8 7 3 9 | 0 | 0 | 0 | 4 8 7 3 9 |
| 6. Totals from additional pages (if any) | 3 1 4 8 2 3 9 | 8 5 8 0 0 | 7 9 8 6 3 | 0 | 3 3 1 3 9 0 2 |
| 7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates | 1 9 4 3 5 8 | 0 | 0 | 0 | 1 9 4 3 5 8 |
| 8. Totals of Lines 1 through 7 | 3 6 8 1 3 6 4 | 9 3 6 0 0 | 8 6 7 2 3 | 0 | 3 8 6 1 6 8 7 |
| The total from Line 10 is entered in Item 57 | | | 9. Less Deductions | | 1 0 9 0 5 7 1 |
| | | | 10. Net Disbursements | | 2 7 7 1 1 1 6 |

SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 3 5 - 3 9 9

| Description (A) | To Whom Paid (B) | Amount (C) |
|---|---------------------|---------------|
| 1. HEALTH AND WELFARE | TRUST | 5 0 9 6 0 8 |
| 2. PENSION | TRUST | 1 2 3 3 9 4 1 |
| 3. | | |
| 4. | | |
| 5. Total from additional pages (if any) | | |
| 6. Total of Lines 1 through 5 | | 1 7 4 3 5 4 9 |
| The total from Line 6 is entered in Item 63 | | |

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

| Description (A) | Amount (B) |
|---|---------------|
| 1. CHARITABLE | 1 0 8 6 4 0 |
| 2. LABOR RELATED | 5 0 0 8 5 |
| 3. FLOWERS | 2 0 5 8 |
| 4. | |
| 5. | |
| 6. | |
| 7. Total from additional pages (if any) | |
| 8. Total of Lines 1 through 7 | 1 6 0 7 8 3 |
| The total from Line 8 is entered in Item 64 | |

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

| Description (A) | Amount (B) |
|---|---------------|
| 1. STATIONARY/SUPPLIES/PRINTING | 2 7 1 5 9 4 |
| 2. BANK CHARGES | 1 5 1 5 5 |
| 3. POSTAGE | 1 7 5 7 0 8 |
| 4. TELEPHONE | 1 5 0 5 7 1 |
| 5. DUES/SUBSCRIPTIONS | 5 0 3 3 |
| 6. REPAIRS | 1 0 7 7 3 7 |
| 7. Total from additional pages (if any) | 2 1 2 5 8 1 |
| 8. Total of Lines 1 through 7 | 9 3 8 3 7 9 |
| The total from Line 8 is entered in Item 60 | |

SCHEDULE 14 - OTHER RECEIPTS

| Description (A) | Amount (B) |
|--|---------------|
| 1. REIMBURSEMENT FROM L.M.C.C. | 9 2 4 8 8 |
| 2. COMMUNITY SERVICE INCOME | 6 8 7 0 6 |
| 3. SUBPOENA FEES | 1 1 1 8 |
| 4. UNCLAIMED PROPERTY | 1 2 7 1 |
| 5. CCBCTC RAFFLE WINNER | 1 0 0 0 |
| 6. ATM NETWORK FEES | 1 6 5 5 |
| 7. CASH TRANSFER IN MERGER | 1 1 6 2 4 |
| 8. REIMB OF SALARY FROM INTL | 6 8 1 6 |
| 9. AFFILIATED PER CAPITA TAX | 1 8 3 0 9 3 |
| 10. PENSION ADVANCE INCOME | 1 4 4 6 9 |
| 11. RECOVERY ON INVESTMENT | 1 5 3 7 7 1 |
| 12. TRAMP GUIDES | 2 7 |
| 13. | |
| 14. | |
| 15. | |
| 16. Total from additional pages (if any) | |
| 17. Total of Lines 1 through 16 | 5 3 6 0 3 8 |
| The total from Line 17 is entered in Item 54 | |

SCHEDULE 15 - OTHER DISBURSEMENTS

| Description (A) | Amount (B) |
|--|---------------|
| 1. PICKETING EXPENSES | 1 8 6 5 7 |
| 2. STEWARD EXPENSE | 4 0 5 0 0 |
| 3. UNION BUTTONS | 2 5 1 7 0 |
| 4. GROUP INS. REFUNDED TO MEMBERS | 6 1 9 0 |
| 5. RETIREES SOCIAL BENEFITS | 4 4 4 7 |
| 6. PARADE EXPENSE | 6 7 5 |
| 7. COMMUNITY SERVICE EXPENSE | 1 0 2 2 4 4 |
| 8. REFUND OF DUES | 7 0 7 6 2 |
| 9. COMPUTER EXPENSE | 2 0 1 3 7 6 |
| 10. GRIEVANCE EXPENSE | 3 2 6 8 |
| 11. ARBITRATION EXPENSE | 2 0 0 7 1 |
| 12. NEGOTIATION EXP - NON ALLOCABLE | 2 9 3 9 4 |
| 13. ORGANIZING EXPENSE- NON ALLOC | 1 9 |
| 14. PENSION BENEFIT GUARANTEE CORP | 2 3 9 4 |
| 15. MEETING EXPENSE - NONALLOCABLE | 1 5 9 1 3 4 |
| 16. Total from additional pages (if any) | 2 5 1 7 5 1 |
| 17. Total of Lines 1 through 16 | 9 3 6 0 5 2 |
| The total from Line 17 is entered in Item 73 | |

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: 0 3 5 - 3 9 9

ENDING DATE OF PERIOD COVERED:
12/31/2003

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

| (A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small> | Gross Salary (before taxes and other deductions) (D) | Allowances (E) | Disbursements for Official Business (F) | Other Disbursements (G) | Total (H) |
|--|---|-------------------|--|-------------------------------|--------------|
| (B) Position <small>(Enter employee's job title.)</small> | | | | | |
| (C) Name of Affiliated Organization <small>(if applicable)</small> | | | | | |
| CADDIGAN MICHAEL OFFICE MANAGER NA | 9 5 1 7 6 | 3 9 0 0 | 3 7 8 9 | 0 | 1 0 2 8 6 5 |
| CORTEZ MARY JO OFFICE NA | 4 9 6 3 7 | 0 | 0 | 0 | 4 9 6 3 7 |
| CRAWLEY LAWRENCE BUS. AGENT NA | 9 5 1 7 6 | 3 9 0 0 | 5 1 7 6 | 0 | 1 0 4 2 5 2 |
| DUNNE CHARLES BUS. AGENT NA | 9 5 1 0 2 | 3 9 0 0 | 7 6 0 6 | 0 | 1 0 6 6 0 8 |
| ELMORE GLANNA OFFICE NA | 4 9 5 4 3 | 0 | 0 | 0 | 4 9 5 4 3 |

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: 035 - 399

ENDING DATE OF PERIOD COVERED:
12/31/2003

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

| (A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small> | | Gross Salary (before taxes and other deductions) (D) | Allowances (E) | Disbursements for Official Business (F) | Other Disbursements (G) | Total (H) |
|--|-----------|---|-------------------|--|-------------------------------|--------------|
| (B) Position <small>(Enter employee's job title.)</small> | | | | | | |
| (C) Name of Affiliated Organization <small>(if applicable)</small> | | | | | | |
| EVANS | SAMUEL | 9 5 1 7 6 | 3 9 0 0 | 2 1 9 8 | 0 | 1 0 1 2 7 4 |
| BUS. AGENT | | | | | | |
| NA | | | | | | |
| FEDANZO | MICHAEL | 9 5 1 7 6 | 3 9 0 0 | 5 0 5 9 | 0 | 1 0 4 1 3 5 |
| BUS. AGENT | | | | | | |
| NA | | | | | | |
| PEGAN | JUDITH | 4 8 4 0 5 | 0 | 0 | 0 | 4 8 4 0 5 |
| OFFICE | | | | | | |
| NA | | | | | | |
| FINKE | CATHERINE | 4 9 1 5 9 | 0 | 0 | 0 | 4 9 1 5 9 |
| OFFICE | | | | | | |
| NA | | | | | | |
| FLIRIS | JAMES | 1 1 8 1 5 7 | 3 9 0 0 | 3 9 2 9 | 0 | 1 2 5 9 8 6 |
| BUS. AGENT | | | | | | |
| NA | | | | | | |

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: 035 - 399

ENDING DATE OF PERIOD COVERED:
12/31/2003

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

| (A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small> | | Gross Salary (before taxes and other deductions) (D) | Allowances (E) | Disbursements for Official Business (F) | Other Disbursements (G) | Total (H) |
|--|------------|---|-------------------|--|-------------------------------|--------------|
| (B) Position <small>(Enter employee's job title.)</small> | | | | | | |
| (C) Name of Affiliated Organization <small>(if applicable)</small> | | | | | | |
| FOLEY | MARY ELLEN | 9 5 1 7 6 | 3 9 0 0 | 1 8 4 5 | 0 | 1 0 0 9 2 1 |
| BUS. AGENT | | | | | | |
| NA | | | | | | |
| FOLEY | REBECCA | 1 1 2 5 6 | 0 | 0 | 0 | 1 1 2 5 6 |
| OFFICE | | | | | | |
| NA | | | | | | |
| GARTLAND | DIANE | 5 2 3 7 0 | 0 | 0 | 0 | 5 2 3 7 0 |
| OFFICE | | | | | | |
| NA | | | | | | |
| GRIFFO | FRANK | 4 2 3 9 4 | 0 | 0 | 0 | 4 2 3 9 4 |
| JANITORIAL | | | | | | |
| NA | | | | | | |
| JANIK | JOZEF | 9 1 3 2 4 | 0 | 0 | 0 | 9 1 3 2 4 |
| JANITORIAL | | | | | | |
| NA | | | | | | |

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: 0 3 5 - 3 9 9

ENDING DATE OF PERIOD COVERED:
12/31/2003

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

| (A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small> | Gross Salary (before taxes and other deductions) (D) | Allowances (E) | Disbursements for Official Business (F) | Other Disbursements (G) | Total (H) |
|--|---|-------------------|--|-------------------------------|--------------|
| (B) Position <small>(Enter employee's job title.)</small> | | | | | |
| (C) Name of Affiliated Organization <small>(if applicable)</small> | | | | | |
| KELLY RICHARD BUS. AGENT NA | 9 5 1 7 6 | 3 9 0 0 | 3 7 1 0 | 0 | 1 0 2 7 8 6 |
| KENEVAN DANIEL BUS. AGENT NA | 9 5 1 7 6 | 3 9 0 0 | 4 9 0 6 | 0 | 1 0 3 9 8 2 |
| MCNAMARA JAMES BUS. AGENT NA | 9 5 1 7 6 | 3 9 0 0 | 3 9 6 | 0 | 9 9 4 7 2 |
| MILLER SHANNON OFFICE NA | 4 7 6 5 7 | 0 | 0 | 0 | 4 7 6 5 7 |
| MONTES KATHLEEN OFFICE NA | 4 5 2 6 8 | 0 | 0 | 0 | 4 5 2 6 8 |

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: 035 - 399

ENDING DATE OF PERIOD COVERED:
12/31/2003

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

| (A) Name | (B) Position | (C) Name of Affiliated Organization | Gross Salary (before taxes and other deductions) (D) | Allowances (E) | Disbursements for Official Business (F) | Other Disbursements (G) | Total (H) |
|---|--------------|-------------------------------------|---|-------------------|--|-------------------------------|--------------|
| (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.) | | | | | | | |
| (Enter employee's job title.) | | | | | | | |
| (if applicable) | | | | | | | |
| MOYLAN | MARTIN | | 9 5 1 7 6 | 3 9 0 0 | 2 3 7 5 | 0 | 1 0 1 4 5 1 |
| BUS. AGENT | | | | | | | |
| NA | | | | | | | |
| MURPHY | RICHARD | | 9 5 1 7 6 | 3 9 0 0 | 5 8 3 0 | 0 | 1 0 4 9 0 6 |
| BUS. AGENT | | | | | | | |
| NA | | | | | | | |
| MURRAY | KEVIN | | 1 4 7 6 3 | 0 | 0 | 0 | 1 4 7 6 3 |
| LOST WAGES | | | | | | | |
| NA | | | | | | | |
| NOBLE | ISMAEL | | 1 0 1 3 1 0 | 0 | 0 | 0 | 1 0 1 3 1 0 |
| OFFICE | | | | | | | |
| NA | | | | | | | |
| NUGENT | MICHAEL | | 9 5 2 5 2 | 3 9 0 0 | 2 3 7 3 | 0 | 1 0 1 5 2 5 |
| BUS. AGENT | | | | | | | |
| NA | | | | | | | |

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: 035 - 399

ENDING DATE OF PERIOD COVERED:
12/31/2003

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

| (A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small> | Gross Salary (before taxes and other deductions) (D) | Allowances (E) | Disbursements for Official Business (F) | Other Disbursements (G) | Total (H) |
|---|---|-------------------|--|-------------------------------|--------------|
| (B) Position <small>(Enter employee's job title.)</small> | | | | | |
| (C) Name of Affiliated Organization <small>(if applicable)</small> | | | | | |
| OHARA PATRICK BUS. AGENT NA | 9 5 1 7 6 | 3 9 0 0 | 2 9 6 6 | 0 | 1 0 2 0 4 2 |
| PARILLI ROBERT BUS. AGENT NA | 9 5 1 7 6 | 3 9 0 0 | 2 1 0 0 | 0 | 1 0 1 1 7 6 |
| POKORNY IRMGARD OFFICE NA | 4 8 6 2 0 | 0 | 0 | 0 | 4 8 6 2 0 |
| PONDER RUSSELL BUS. AGENT NA | 9 5 1 0 2 | 3 9 0 0 | 4 3 6 1 | 0 | 1 0 3 3 6 3 |
| REHBERG DAVID BUS. AGENT NA | 9 5 1 7 6 | 3 9 0 0 | 3 2 1 9 | 0 | 1 0 2 2 9 5 |

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: 035 - 399

ENDING DATE OF PERIOD COVERED:
12/31/2003

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES (continued)

| (A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small> | Gross Salary (before taxes and other deductions) (D) | Allowances (E) | Disbursements for Official Business (F) | Other Disbursements (G) | Total (H) |
|---|--|-------------------|--|-------------------------------|--------------|
| (B) Position <small>(Enter employee's job title.)</small> | | | | | |
| (C) Name of Affiliated Organization <small>(if applicable)</small> | | | | | |
| REILLY BUS. AGENT NA | 9 5 1 7 6 | 3 9 0 0 | 2 5 0 6 | 0 | 1 0 1 5 8 2 |
| RESZKE OFFICE NA | 6 2 0 6 2 | 0 | 0 | 0 | 6 2 0 6 2 |
| SANDOVAL OFFICE NA | 5 5 9 3 1 | 0 | 0 | 0 | 5 5 9 3 1 |
| SIPPLE BUS. AGENT NA | 9 5 1 7 6 | 3 9 0 0 | 3 0 6 9 | 0 | 1 0 2 1 4 5 |
| SMYDER BUS. AGENT NA | 9 5 1 7 6 | 3 9 0 0 | 4 0 3 7 | 0 | 1 0 3 1 1 3 |

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: 0 3 5 - 3 9 9

ENDING DATE OF PERIOD COVERED:
12/31/2003

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

| (A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small> | | Gross Salary (before taxes and other deductions) (D) | Allowances (E) | Disbursements for Official Business (F) | Other Disbursements (G) | Total (H) |
|--|----------|---|-------------------|--|-------------------------------|--------------|
| (B) Position <small>(Enter employee's job title.)</small> | | | | | | |
| (C) Name of Affiliated Organization <small>(if applicable)</small> | | | | | | |
| SNYDER | GERALYN | 1 0 0 5 6 4 | 0 | 0 | 0 | 1 0 0 5 6 4 |
| OFFICE | | | | | | |
| NA | | | | | | |
| STARKS | SANDRA | 7 6 8 0 3 | 0 | 0 | 0 | 7 6 8 0 3 |
| OFFICE | | | | | | |
| NA | | | | | | |
| SULLIVAN | PATRICIA | 4 5 1 3 5 | 0 | 0 | 0 | 4 5 1 3 5 |
| OFFICE | | | | | | |
| NA | | | | | | |
| TOVAR | LOUIS | 9 5 1 7 6 | 3 9 0 0 | 4 8 8 6 | 0 | 1 0 3 9 6 2 |
| BUS. AGENT | | | | | | |
| NA | | | | | | |
| VILLANOVA | THOMAS | 9 5 1 7 6 | 3 9 0 0 | 3 5 2 7 | 0 | 1 0 2 6 0 3 |
| BUS. AGENT | | | | | | |
| NA | | | | | | |

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: 0 3 5 - 3 9 9

ENDING DATE OF PERIOD COVERED:
12/31/2003

SCHEDULE 10 – DISBURSEMENTS TO EMPLOYEES *(continued)*

| (A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.)</small> | Gross Salary (before taxes and other deductions) (D) | Allowances (E) | Disbursements for Official Business (F) | Other Disbursements (G) | Total (H) |
|--|---|-------------------|--|-------------------------------|--------------|
| (B) Position <small>(Enter employee's job title.)</small> | | | | | |
| (C) Name of Affiliated Organization <small>(if applicable)</small> | | | | | |
| WEBER JOANNE OFFICE NA | 3 9 2 5 7 | 0 | 0 | 0 | 3 9 2 5 7 |
| | | | | | |
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ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2003

FILE NUMBER: 0 3 5 - 3 9 9

SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE *(continued)*

| Description (A) | Amount (B) |
|--------------------------------|---------------|
| UTILITIES | 6 5 4 2 5 |
| OUTSIDE SERVICES & MAINTENANCE | 1 3 9 4 6 |
| GENERAL INSURANCE | 8 0 2 2 1 |
| RENT | 5 2 9 8 9 |
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ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

ENDING DATE OF PERIOD COVERED:
12/31/2003

FILE NUMBER: 0 3 5 - 3 9 9

SCHEDULE 15 – OTHER DISBURSEMENTS *(continued)*

| Description (A) | Amount (B) |
|-------------------------------------|---------------|
| SPRINGFIELD RALLY EXPENSE | 5 4 1 |
| PARKING LOT EXPENSE | 1 9 8 1 6 |
| OTHER PAYROLL WITHOLDING REMITTD | 1 4 4 9 6 1 |
| PENSION PLAN EXPENSE | 6 2 5 4 |
| TRANSFER TO ADP FOR 1/2/04 PAYRL | 8 0 1 7 9 |
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ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: **035 - 399**

ENDING DATE OF PERIOD COVERED:
12/31/2003

75. ADDITIONAL INFORMATION

| Item Number | |
|-------------|---|
| 11 | <p>ELECTRICAL CONTRACTORS ASSOCIATION OF THE CITY OF CHICAGO AND LOCAL UNION NO. 134, I.B.E.W. JOINT PENSION TRUSTS OF CHICAGO EIN NO. 51-6030753 PLAN NO. 002 EIN NO. 51-6030753 PLAN NO. 004 EIN NO. 51-6030753 PLAN NO. 005 EIN NO. 51-6030753 PLAN NO. 006 Provides pension benefits to members.</p> <p>ELECTRICAL INSURANCE TRUSTEES INSURANCE FUND FOR ELECTRICAL CONTRACTORS EIN NO. 36-1033970 PLAN NO. 501 Provides health and welfare benefits to members.</p> <p>ELECTRICAL INSURANCE TRUSTEES INSURANCE FUND FOR COMMUNICATION EMPLOYEES EIN NO. 36-1033970 PLAN NO. 510 Provides health and welfare benefits to members.</p> <p>ELECTRICAL INSURANCE TRUSTEES INSURANCE FUND FOR OTHER PARTICIPATING EMPLOYERS EIN NO. 36-1033970 PLAN NO. 502 Provides health and welfare benefits to members.</p> <p>ELECTRICAL INSURANCE TRUSTEES SUPPLEMENTAL UNEMPLOYMENT BENEFIT PLAN EIN NO 36-1033970 PLAN NO. 507 Provides unemployment benefits to members.</p> <p>ELECTRICAL INSURANCE TRUSTEES ADDITIONAL SECURITY BENEFIT PLAN EIN NO. 36-1033970 PLAN NO. 512 Provides additional security benefits to members.</p> <p>ELECTRICAL INSURANCE TRUSTEES ADDITIONAL SECURITY BENEFIT PLAN FOR COMMUNICATION MEMBERS EIN NO. 36-1033970 PLAN NO. 513 Provides additional security benefits to members.</p> <p>THE ABOVE FUNDS ARE LOCATED AT 221 N. LA SALLE STREET, CHICAGO, IL 60601.</p> <p>ELECTRICAL JOINT APPRENTICE TRAINING TRUST 6201 W. 115TH STREET, WORTH, IL 60482 EIN NO. 36-2445742 Provides training and education for apprentices in the industry.</p> |

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: **0 3 5 - 3 9 9**

ENDING DATE OF PERIOD COVERED:
12/31/2003

75. ADDITIONAL INFORMATION

Item Number

11

NATIONAL ELECTRICAL BENEFIT FUND 2400 RESEARCH BLVD., SUITE 500 ROCKVILLE, MD 20850-3266,
EIN NO. 53-0181657 PLAN NO. 001
Provides pension benefits for members.

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: 0 3 5 - 3 9 9

ENDING DATE OF PERIOD COVERED:
12/31/2003

75. ADDITIONAL INFORMATION(*continued*)

| Item Number | |
|-------------|---|
| 12 | THE LOCAL MAINTAINS A PAC FUND. THE PAC FUND IS A SEPARATE SEGREGATED FUND ESTABLISHED TO PROVIDE POLITICAL DONATIONS TO STATE AND LOCAL CANDIDATES. THE PAC FUND BEGAN FILING REPORTS WITH THE INTERNAL REVENUE SERVICE DURING THE YEAR ENDED DECEMBER 31, 2000. THE ACTIVITIES OF PAC FUND ARE NOT INCLUDED ON THIS RETURN. |

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: **0 3 5 - 3 9 9**

ENDING DATE OF PERIOD COVERED:
12/31/2003

75. ADDITIONAL INFORMATION *(continued)*

| Item Number | | | | | | | | | | | |
|-----------------------|---|----------|-----------|-----------------------|-----------|-------------|-----------|--------------------|-----------|-------|-----------|
| 13 | <p>DEPRECIATION EXPENSE:</p> <table><tbody><tr><td>BUILDING</td><td>\$101,982</td></tr><tr><td>FURNITURE & EQUIPMENT</td><td>\$166,460</td></tr><tr><td>AUTOMOBILES</td><td>\$170,310</td></tr><tr><td>OTHER FIXED ASSETS</td><td>\$ 16,889</td></tr><tr><td>TOTAL</td><td>\$455,641</td></tr></tbody></table> <p>THE LOCAL TRADED IN SIX AUTOMOBILES WITH A TOTAL COST OF \$160,412 AND A BOOK VALUE OF \$58,878. THE TOTAL TRADE IN ALLOWANCE WAS \$49,546.</p> | BUILDING | \$101,982 | FURNITURE & EQUIPMENT | \$166,460 | AUTOMOBILES | \$170,310 | OTHER FIXED ASSETS | \$ 16,889 | TOTAL | \$455,641 |
| BUILDING | \$101,982 | | | | | | | | | | |
| FURNITURE & EQUIPMENT | \$166,460 | | | | | | | | | | |
| AUTOMOBILES | \$170,310 | | | | | | | | | | |
| OTHER FIXED ASSETS | \$ 16,889 | | | | | | | | | | |
| TOTAL | \$455,641 | | | | | | | | | | |

ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: 035 - 399

12/31/2003

75. ADDITIONAL INFORMATION (continued)

| | |
|-------------|--------------------------|
| Item Number | |
| 14 | LEGACY PROFESSIONALS LLP |

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: **0 3 5 - 3 9 9**

ENDING DATE OF PERIOD COVERED:
12/31/2003

75. ADDITIONAL INFORMATION *(continued)*

Item Number

29

THE LOCAL VALUES ITS INVESTMENTS AT FAIR MARKET VALUE AT DECEMBER 31, 2003. THE LOCAL HAD AN UNREALIZED LOSS OF \$159,618.

| | |
|--------------------------|----------|
| U.S. TREASURY SECURITIES | - 7,178 |
| OTHER INVESTMENTS | -152,440 |

A PORTION OF THE LOCAL'S INVESTMENTS ARE COLLATERALIZED NOTES THROUGH THE INVESTMENT FIRM OF CAPITAL CONSULTANTS, LLC. THE INVESTMENT FIRM HAS BEEN PLACED IN RECEIVERSHIP. THE LOCAL HAS PREVIOUSLY REDUCED THE VALUE OF THESE INVESTMENTS BECAUSE OF THEIR UNCERTAIN VALUE. DURING 2003 THE LOCAL RECEIVED \$153,771 FROM CAPITAL CONSULTANTS WHICH IS REPORTED AS RECOVERY ON INVESTMENT IN SCHEDULE 14. THE LOCAL HAS VALUED THE INVESTMENT AT 12/31/03 AT \$137,243 WHICH IS THE AMOUNT THAT IS SCHEDULED TO BE RECEIVED IN 2004.

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: **0 3 5 - 3 9 9**

ENDING DATE OF PERIOD COVERED:
12/31/2003

75. ADDITIONAL INFORMATION *(continued)*

| Item Number | |
|-------------|---|
| 30 | <p>SCHEDULE 5, COLUMN E - FAIR MARKET VALUE</p> <p>THE LOCAL HAS NO POLICY FOR PERIODICALLY APPRAISING ITS ASSETS TO DETERMINE THEIR FAIR MARKET VALUE. THE BOOK VALUE OF THE LOCAL'S ASSETS HAVE BEEN REPORTED AS A GOOD FAITH ESTIMATE OF THE FAIR MARKET VALUE.</p> |

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: **0 3 5 - 3 9 9**

ENDING DATE OF PERIOD COVERED:
12/31/2003

75. ADDITIONAL INFORMATION *(continued)*

| Item Number | |
|-------------|--|
| 56 | <p>ITEMS 56 & 57 AND SCHEDULE 9 & 10:</p> <p>IT IS NOT PRACTICAL TO MAKE A PRECISE DISTRIBUTION OF AUTOMOBILE OPERATING EXPENSES NOT PAID DIRECTLY TO OFFICERS AND EMPLOYEES AND INCLUDED IN COLUMNS (F) AND (G). HOWEVER, AN ALLOCATION OF SUCH EXPENSES HAS BEEN MADE IN ACCORDANCE WITH IRS REPORTING RULES. IF UNION OWNED/LEASED AUTOMOBILES WERE USED 50% OR LESS FOR BUSINESS PURPOSES BY IRS REPORTING STANDARDS, THE REMAINDER IS TREATED AS IF IT WERE PERSONAL USE AND IS REPORTED IN COLUMN (G). IRS STANDARDS SHOULD NOT NECESSARILY BE CONSIDERED AS THE ACTUAL BUSINESS USE OF AN AUTOMOBILE.</p> |

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: 0 3 5 - 3 9 9

ENDING DATE OF PERIOD COVERED:
12/31/2003

75. ADDITIONAL INFORMATION *(continued)*

| Item Number | |
|-------------|--|
| 72 | THIS ITEM REFLECTS ONLY DISBURSEMENTS ON BEHALF OF INDIVIDUAL MEMBERS FOR OTHER THAN NORMAL OPERATING PURPOSES. ALL OF OUR EXPENSES BENEFIT THE ENTIRE UNION MEMBERSHIP AND INDIVIDUALS ARE NOT NORMALLY SINGLED OUT FOR SPECIAL PURPOSES. |

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: 0 3 5 - 3 9 9

ENDING DATE OF PERIOD COVERED:
12/31/2003

75. ADDITIONAL INFORMATION *(continued)*

| | |
|-------------------|---|
| Item Number 76 | THE CHIEF EXECUTIVE OFFICER OF THE LOCAL IS THE BUISNESS MANAGER/FINANCIAL SECRETARY. |
|-------------------|---|

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: 0 3 5 - 3 9 9

ENDING DATE OF PERIOD COVERED:
12/31/2003

75. ADDITIONAL INFORMATION *(continued)*

Item Number

77

THE CHIEF FINANCIAL OFFICER OF THE LOCAL IS THE PRESIDENT.

ELECTRICAL WORKERS IBEW AFL-CIO

12/31/2003

FILE NUMBER: 035 - 399

[illegible]

ENDING DATE OF PERIOD COVERED:
12/31/2003

FILE NUMBER: 035 - 399

[illegible]

ORGANIZATION NAME:
ELECTRICAL WORKERS IBEW AFL-CIO

FILE NUMBER: **0 3 5 - 3 9 9**

ENDING DATE OF PERIOD COVERED:
12/31/2003

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS *(continued)*

| Description (if land or buildings, give location) (A) | Cost (B) | Book Value (C) | Cash Paid (D) |
|--|-------------|-------------------|------------------|
| OTHER FIXED ASSETS | 3 2 8 6 | 3 2 8 6 | 3 2 8 6 |
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